

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90049 024 ****61.25

DOCUMENT # N01295					
1. Entity Name VILLA DEL SOL HOMEOWNERS ASSOC. OF AVON PARK, INC.					
Principal Place of Business 807 S. JUDY AVE AVON PARK, FL 33825 US			Mailing Address 807 S. JUDY AVE. AVON PARK, FL 33825 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2550373	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LECONY, SCOTT 425 S. COMMERCE AVE SEBRING, FL 33870			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME RANSOM, NORMA M STREET ADDRESS 807 S. JUDY AVE. CITY-ST-ZIP AVON PARK, FL 33825	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME IRION, MELVA STREET ADDRESS 1230 W RUDOLPH ST CITY-ST-ZIP AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete		TITLE SD NAME DANIELS, KEN STREET ADDRESS 837 S. JUDY AVE. CITY-ST-ZIP AVON PARK, FL. 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HOFFMAN, DONALD STREET ADDRESS 1249 W RUDOLPH ST. CITY-ST-ZIP AVON PARK, FL 33825	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GAULT, EVE STREET ADDRESS 1212 W. BOHLAND ST CITY-ST-ZIP AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete		TITLE D NAME OLSEN, HELEN STREET ADDRESS 821 S. LORETTA AVE. CITY-ST-ZIP AVON PARK, FL. 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BERGER, BARBARA STREET ADDRESS 849 S. ROBERT AVE. CITY-ST-ZIP AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete		TITLE D NAME PAWLAK, MARLON STREET ADDRESS 817 S. ROBERT AVE. CITY-ST-ZIP AVON PARK, FL. 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE UD NAME GARY DUMENY STREET ADDRESS 804 S. HELEN AVE. CITY-ST-ZIP AVON PARK, FL 33825	<input type="checkbox"/> Delete		TITLE D NAME RYAN, JUDY STREET ADDRESS 824 S. ROBERT AVE. CITY-ST-ZIP AVON PARK, FL. 33825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			DONALD C. HOFFMAN		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-30-08 863-453-3621 <small>Date Daytime Phone #</small>		